## Florida Department of State

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### REGISTERED AGENT CHANGE M.C.H. MEDICAL CENTER LTD.

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#### H180000149013

# LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1   | M.C.H. MEDICAL   |                 |                         |                   |
|---|--|-----------------|-------------------------|-------------------|
| N   | lame of Limited Partnership or Limite  | d Liability Li  | mited Partnership       |                   |
| <sub>2.</sub> Sept  | ember 23, 1996   | 3.              | A94000001               | 475               |
|   | ng/registration in Florida   | 1.00            | Florida document number |                   |
| . The name of the repartment of State   | registered agent and the registered off  | fice address as | shown on the recor      | ds of the Florida |
|   | United States Registe  | red Agents      | s, Inc.                 |                   |
|   | Name   |                 |                         |                   |
|   | 420 S. Dixie Highw   | vay, Suite 4    | <del>1</del> B          |                   |
|   | Address  | 3               |                         |                   |
|   | Coral Gables,  | FL 33146        |                         |                   |
|   | City, State ar   | nd Zip          |                         |                   |
| 5. The name and Flo   | orida street address of the new registe  | red agent and/  | or office:              |                   |
|   | Name   |                 |                         | =                 |
|   | 9300 S. Dadeland B   | llvd, Suite 6   | 300                     | <b>.</b>          |
|   | Florida street address (P.O.   | Box not accep   | table)                  | JAN               |
|   | Miami  | FL              | 33156                   | 91                |
|   | City, State ar   | nd Zip          |                         |                   |
| 5. Such change(s) is/are effective when filed by the Florida Department of State. |  | of State.       | 16 PM 4: 1              |                   |
|   |  |                 |                         | =                 |
| Signature of General  | Partner  |                 |                         | _                 |
| hereby accept the comply with the provind I am familiar wi                        | appointment as registered agent and ovisions of all statutes relative to the pith an accept the obligations of my po | roper and com   | plete performance e     |                   |
| Signature of Registe  | red Agent  |                 |                         |                   |
|   |  |                 |                         |                   |
| Rilina Ree  | \$35.00  |                 |                         |                   |

Certified Copy (optional): \$52.50